| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number $10.54/074$ | | | |
|--|--|---|------------|----------------------|------------------------------|------------------|------------|---------------------|--|------------|---------------------|------------------------|
| | | CLAIMS A | | D - PART I | (Column 2) | | | SMALL ENT TYPE | TITY | OR | OTHER I | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | · | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | | minus 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = | | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRE | | | SENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 900 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CIAIMS HIGHEST | | | | | | | 1 | SMALL E | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDI | | | DEPENDENT | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. OR TOTAL ADDIT. | | | | | | | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = |] | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | CLAIM | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". ** The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| | The mighest Mul | eriously Pall | (TOIA) | . or macpendenty | .o are my | , | 0 | | | ·- | | |